FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

FORM D

Washington, D.C. 20549

OMB Number: May 31, 2005 Expires: Estimated average burden hours per response.....16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED
1	

Name of Offering (check	if this is an amendment and name has changed, and in	dicate change.)		
Filing Under (Check box(es) tha Type of Filing: New Fili	t apply): Rule 504 Rule 505 Rule 50	6 Section 4(6)	ULOE	FOR THE COLUMN TO THE COLUMN T
	A. BASIC IDENTIFICATI	ION DATA	Z .,	WAR 2 2 2005
1. Enter the information reque	ested about the issuer		· Kr	
Name of Issuer (check if the	his is an amendment and name has changed, and indica	ate change.)		185 /49
Paradise Media Group, L				
Address of Executive Offices	(Number and Street, City, nite 202, Aiea, Hawaii 96701	State, Zip Code)	Telephone Number (Include (808) 372-2043	ding Area Code)
Address of Principal Business O if different from Executive Offi	perations (Number and Street, City	, State, Zip Code)	Telephone Number (Inclu	iding Area Code)
Same as above Brief Description of Business			Same	
•	ges (phone book advertising)		V	: PROCESS
Type of Business Organization corporation business trust	limited partnership, already formed limited partnership, to be formed		please specify):	MAR 25 20
	Month Year	Actual Estin		THOMSO FINANCIA
GENERAL INSTRUCTIONS Federal:				
	ng an offering of securities in reliance on an exemption t	under Regulation D	or Section 4(6), 17 CFR 230.50	II et seq. or 15 U.S.C.
and Exchange Commission (SEC	e filed no later than 15 days after the first sale of secur C) on the earlier of the date it is received by the SEC at as mailed by United States registered or certified mail	the address given b		
Where To File: U.S. Securities	and Exchange Commission, 450 Fifth Street, N.W., W	ashington, D.C. 20	549.	
	es of this notice must be filed with the SEC, one of whi ned copy or bear typed or printed signatures.	ch must be manual	ly signed. Any copies not mar	nually signed must be
	iling must contain all information requested. Amendm d in Part C, and any material changes from the informat			
Filing Fee: There is no federal	filing fee.			
ULOE and that have adopted thare to be, or have been made. I	icate reliance on the Uniform Limited Offering Exemnis form. Issuers relying on ULOE must file a separa If a state requires the payment of a fee as a preconditive shall be filed in the appropriate states in accordance and the state.	ite notice with the Stion to the claim fo	Securities Administrator in ea or the exemption, a fee in the	sch state where sales proper amount shall
		·		
	he appropriate states will not result in a loss e will not result in a loss of an available state			
	rsons who respond to the collection of informa quired to respond unless the form displays a co			1 of 9

		A BASIC ID	NUMBER CAMPION DATEA		
2. Enter the information re-	quested for the fol	lowing:			
e Each promoter of the	ne issuer, if the iss	uer has been organized wi	thin the past five years;		
 Each beneficial owr 	er having the pow	er to vote or dispose, or dis	ect the vote or disposition (of, 10% or more of a	class of equity securities of the issuer.
 Each executive offi 	cer and director of	f corporate issuers and of a	corporate general and man	aging partners of p	artnership issuers; and
 Each general and m 	anaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Akina, David	,				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)	·····	
99-860 Iwaena Street,	•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
The David Akina Revo	ncable Living	Trust			
Business or Residence Addres			de)		— , , , , , , , , , , , , , , , , , , ,
Same as above	·	• • • • • •	•		
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	<u> </u>			
McCorriston, William	C.				
Business or Residence Addres		Street, City, State, Zip Co	de)		
Same as above					
Check Box(es) that Apply:	Promoter		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Palma, Robert P.					
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)		
Same as above				_	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Address	ss (Number and	Street, City, State, Zip Co	de)		
	(Use blan	nk sheet, or copy and use a	additional copies of this sh	ieel, as necessary)	

					B: 1	FORMAT	ION ABOU	i ofeeri	NG .				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No [2]		
1.	Answer also in Appendix, Column 2, if filing under ULOE.										رق		
2.	What is	the minim	um investr					-				<u>\$ 1,15</u>	0,000
												Yes	No
3.			permit join										V
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ion request ilar remune ted is an ass ime of the b you may s	ration for s sociated pe roker or de	olicitation rson or age ealer. If mo	of purchase int of a brok ire than five	ers in conno er or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state	:	
Full	a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Bus	iness or	Residence	Address (N	umber and	Street, C	ty, State, Z	Lip Code)						<u></u>
Nan	ne of As	sociated Br	oker or De	aler				,,,,,,					
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	·····				******************		☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ĆT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (Last name	first, if ind	ividual)		·	,						
Bus	iness or	Residence	Address (ì	Number an	d Street, C	ity, State,	Zip Code)		, , , , , , , , , , , , , , , , , , , ,				
Nan	ne of As	sociated Br	oker or De	aler									
Stat	es in Wi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************		☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full	Name (Last name	first, if ind	ividual)		·							
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	····		·		~····	
Nar	ne of As	sociated Br	oker or De	aler									
Stat	tes in Wi	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)			· • • • • • • • • • • • • • • • • • • •		*****************		☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

CEOFFERING PRIGE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS A

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	:		
	Type of Security	Aggregate Offering Price	Amount Al Sold	ready
	Debt	<u>\$0-</u>	<u>s -0-</u>	
	Equity	<u>s -0-</u>	<u>s0-</u>	
	Common Preferred			
	Convertible Securities (including warrants)	\$ <u>-0-</u>	<u> </u>	
	Partnership Interests	<u>\$0-</u>	<u> </u>	
	Other (Specify Membership Interests)	s_1,150,000	<u>\$ 1,150,00</u>	00
	Total	\$ 1,150,000	\$ <u>1,150,0</u> 0	00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggreg Dollar An	
		Investors	of Purcha	
	Accredited Investors	1	\$ 1,150,0	00
	Non-accredited Investors	-0-	\$ <u>-0-</u>	
	Total (for filings under Rule 504 only)			
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security	Dollar Ar Sold	nount
	Rule 505		. \$	
	Regulation A		. \$	
	Rule 504		. s	
	Total		S	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	[\$ <u>-0-</u>	
	Printing and Engraving Costs	[\$ <u>-0-</u>	
	Legal Fees		s <u>50,000</u>	
	Accounting Fees		s <u>-0-</u>	
	Engineering Fees	-	\$ <u>-0-</u>	
	Sales Commissions (specify finders' fees separately)	-	¬ \$ -0-	
	Other Expenses (identify)	_	\$ <u>-0-</u>	
	Total	-	\$ 50,000	

C. OFFERING PRIGE NUMBER OF INVESTORS, EXPENSES AND USE OF P	(OCHED2	
b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>1,100,000</u>
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		
Purchase of real estate] \$	\$
Purchase, rental or leasing and installation of machinery and equipment]\$. 🗆 \$
Construction or leasing of plant buildings and facilities]\$	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	7 6	□ ¢
Repayment of indebtedness		_
Working capital	-	_
Other (specify): Repurchase of membership interest	•	
]\$. 🗆 \$
Column Totals		
Total Payments Listed (column totals added)	<u></u> \$1,	100,000
D. FEDERAL SIGNATURE		

Th the information furnished by the issuer to any non-accredited investor pursuant to garagraph (b)(2) of Rule 502.

Paradise Media Group, LLC	Signature	November 24, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)	<u></u>
David Akina	President/CEO	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		e, state signations.		0.50	er Sen
1.	Is any party described in 17 CFR 230.262 p provisions of such rule?			Yes	No 1
	Sec	Appendix, Column 5, for state re	sponse.		
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requir	•	any state in which this notice is fi	iled a no	tice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	o furnish to the state administrator	s, upon written request, informat	ion furn	ished by the
4.	The undersigned issuer represents that the is limited Offering Exemption (ULOE) of the s of this exemption has the burden of establis	tate in which this notice is filed an	d understands that the issuer clair		
	er has read this notification and knows the cont horized person.	ents to be true and has duly caused t	his notice to be signed on its behal	If by the	undersigned
ssuer (1	Print or Type)	Signature /	Date		
Paradi	se Media Group, LLC	W-4/1	November 24	, 200	04
Vame (I	rint or Type)	Title (Print or Type)			

President/CEO

Instruction:

David Akina

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AI	PENDIX				
1	Intendato non-a	I to sell ccredited s in State -Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and rchased in State C-Item 2)		under Sta (if yes, explana waiver	ification ate ULOE
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
ΙA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									

				APP	ENDLX					
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
мо										
MT										
NE										
NV	··									
NH										
NJ										
NM										
NY										
NC										
ND										
ОН							-			
ок										
OR										
PA										
RI										
sc										
SD					L					
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI										

				APP	ENDIX				
1	Type of security and aggregate to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)				Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									